

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172
Registered No. 201

PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

Full name of child Margaret Pearl Thomas (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Oct. 28, 1924
Month Day Year

FATHER
Full name Alley Wilbur Thomas
Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state. _____
8. Color or race White 11. Age at last birthday 25 (Years)

2. Birthplace (city or place) Texas
(State or country) _____
3. Occupation Pipe fitter
Nature of industry _____

10. Number of children of this mother 2
Taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 5:00 P.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature T. S. Harper (Physician or midwife).

Given name added from supplemental report _____ Address Globe, Arizona

Filed Nov 9 1924 H. E. Wright Registrar

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